

Exhibit CC



Jay T. Segarra, M.D., FACP

NIOSH Certified B-Reader

Board certified in Internal Medicine, Pulmonary Diseases, & Critical Care
 Camellia Place • 2123 Government Street • Ocean Springs, Mississippi 39564
 Phone/Fax (228) 872-2411

OCCUPATIONAL LUNG DISEASE EVALUATION

May 12, 2005

Nettler, John E.

BCA/JXN/LH

DOB: 07/26/49

Biloxi, MS 39530

HISTORY: This is a 55 year old shipyard welder who reports exposure to welding materials, paint fumes, asbestos dust, and silica sand. He states that he used a respirator mask from 1992-1998. He graduated high school in 1967. He did cement work, finishing and pouring sidewalks and house foundations from 1967-1973. He used no respiratory protection during this time. From 1974-1988 and since 1992, he has worked as a shipyard welder. He has worked around insulators and removed insulation himself in order to weld. He has usually worked inside ships. He did not use a mask in the early years. He has worked around "a lot of sandblasting" (approximately twenty feet away). He did not do any sandblasting himself. He did cement work from 1988-1992, while he was laid off at the shipyard.

He has smoked one package of cigarettes per week for the past 35 years and is trying to quit (5 pack-years). His mother lived into her 80's. His father is still living at the age of 86. The patient himself has a past medical history limited to right elbow surgery (in 1993 and 1995). He has no medical problems and takes no medications on a regular basis. He has no prior history of respiratory disease, pneumonia, or chest trauma.

On general systems review the patient denies any respiratory symptoms and has a normal exercise tolerance. He does get short of breath while cutting the yard or after walking two blocks on level ground briskly. He hardly ever wheezes. He has no cough. He gets cramps in his legs at rest, sometimes after walking about one block. He has rare episodes of nocturnal dyspnea, but is said to snore heavily. He occasionally has atypical chest pain with palpitations. This symptom lasts five to ten minutes and is relieved by "time." This pain is not related to exertion.

PHYSICAL EXAM: This is a middle-aged African-American man in no respiratory distress at rest. H: 75"; W: 224#; Pulse: 68 and regular; B/P: 105/70. Head and Neck: No adenopathy or jugular venous distention. Chest: Symmetric expansion. No obvious chest wall deformities. Lungs: Normal palpitation and percussion. Clear to auscultation anteriorly and posteriorly to the bases. No rales, wheezes, or rhonchi are heard. Heart: Regular rhythm, without murmurs, clicks, rubs or gallops. Extremities: No clubbing, cyanosis, or edema.

CHEST X-RAY: PA and lateral views of the chest dated 05/12/05 are reviewed for the presence of and classification of pneumoconiosis according to the ILO (1980) classification. Film quality is grade 1. Inspection of the lung parenchyma reveals a diffuse interstitial pattern, consisting of small, irregular, linear opacities of size and shape T/S, ILO profusion 1/0 in the lower lung zones bilaterally. There are no rounded opacities in the upper lung zones and nothing to suggest the presence of silicosis. A high resolution chest CT may be useful in increasing the specificity of the interstitial findings for pneumoconiosis, should this test become clinically indicated due to either increasing pulmonary symptoms or declining lung function. Mild hyperinflation is noted. Examination of the pleural surfaces demonstrates no pleural plaques, pleural thickening, or pleural calcifications. No parenchymal infiltrates, nodules or masses are present. The trachea is midline. The heart size is normal. The hilar structures are unremarkable. There are no other significant intrathoracic findings. No previous films are available for comparison at this time.

Nettler, John E.
Page Two.

PULMONARY FUNCTION TESTING: Performed in Richland, MS on 05/12/05 using Crapo/Hsu predicted values. Forced vital capacity (FVC) is 5.65 liters (L), or 100% predicted (pred). FEV1 is 4.25 L (97% pred). FEV1/FVC ratio is 75%. FEF 25%-75% is 3.41 L/sec. (87% pred). SVC is 5.73 L (102% pred). TLC is 7.93 L (99% pred). DLCO is 57% pred., based on an INC of 5.65 L. Inspection of the volume-time curves, flow-volume loops, nitrogen wash-out curves, and diffusion graphs reveals good performance and reproducibility during those portions of the test. These pulmonary function tests, after race correction, demonstrate a mild reduction in diffusion capacity in a current smoker, with otherwise normal spirometry and normal lung volumes.

DIAGNOSIS/IMPRESSION: 1234567 Mild pulmonary asbestosis, based on the interstitial changes on chest x-ray and the exposure history. In addition, the reduction in diffusion capacity represents physiologic correlation for interstitial radiographic abnormalities. Further radiographic correlation is suggested when clinically indicated and available.

PROGNOSIS/RECOMMENDATION: Due to the long latency period between exposure to asbestos and the onset of clinically significant asbestos-related disease, the patient is at increased risk for the development of bronchogenic carcinoma, mesothelioma, and certain other cancer, as well as for deterioration in pulmonary function, even in the absence of additional asbestos exposure. Since these conditions may occur many years after exposure has terminated, close clinical follow-up, annual pulmonary re-evaluation, and immediate smoking cessation are strongly recommended.


Jay T. Segarra, M.D.

1. Morgan WKC, Gee JBL, Asbestos-Related Diseases. In Occupational Lung Diseases. 3rd Ed., Morgan WKC and Seaton A, eds, WB Saunders Co., Philadelphia, PA, 1995
2. American Thoracic Society, Diagnosis and Initial management of nonmalignant diseases related to asbestos. Am J Respir Crit Care Med 170: 691-715, 2004
3. Browne K, Asbestos-related Disorders. In Occupational Lung Disorders. 3rd Ed., Parkes WR, ed., Butterworth-Heinemann Ltd., Oxford, UK, 1994
4. Rom WN, Asbestos-Related Diseases. In Environmental & Occupational Medicine. 3rd Ed., Lippincott-Raven, Philadelphia, PA, 1998.
5. Ernst P, Bourbeau J, and Becklake MR, Pleural Abnormality as a Cause of Impairment and Disability. In The Third Wave of Asbestos Disease: Exposure to Asbestos in Place. Landrigan PJ, Kazemi H, eds., Ann NY Acad Sci, New York, NY, Vol 643, 1991
6. Bates DV, Occupational Lung Diseases. In Respiratory Function in Disease. 3rd. Ed., WB Saunders Co., Philadelphia, PA, 1989
7. Consensus Report: Asbestos, asbestosis, and cancer: The Helsinki criteria for diagnosis and attribution. Scandinavian Journal of Work and Environmental Health, 1997: 23; pps. 311-316.

HOLLAND/BIEBER & ASSOCIATES, INC.

Patient: Netter, John

SS#: BC [REDACTED]

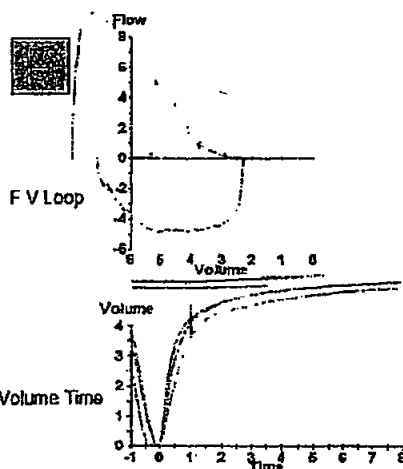
Age 55 Height(in): 75 Weight(lb): 224

Gender Male Race: Black

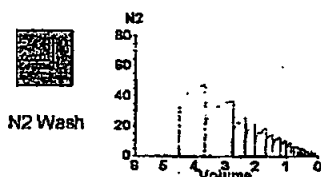
Date: 05/12/05

Physician: Dr. J. Segarra

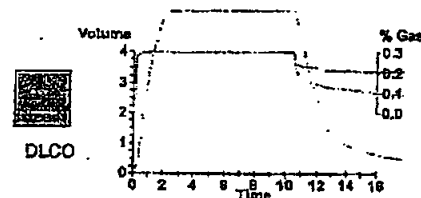
Technician: VA/MA

Pulmonary Function Analysis**Spirometry**

		Ref	Pre Meas	Pre % Ref
FVC	Liters	5.63	5.65	100
FEV1	Liters	4.38	4.25	97
FEV1/FVC	%	77	75	
FEF25-75%	L/sec	3.94	3.41	87
PET100%	Sec		12.39	
PEF	L/sec		9.64	

Lung Volumes

TLC	Liters	8.03	7.93	99
VC	Liters	5.63	5.73	102
IC	Liters	3.72	3.39	91
FRC N2	Liters	4.22	4.55	108
RV	Liters	2.42	2.20	91
ERV	Liters	1.86	(2.35)	(126)
RV/TLC	%	31	28	
Wash Time	Min		1.8	

**Diffusion**

DLCO	mL/mmHg/min	41.1	(23.3)	(57)
VA	Liters		7.22	
DLCO/VA	mL/mmHg/min/L	5.21	(3.22)	(62)
IVC	Liters		5.65	
BHT	Sec		10.48	

Comments
Good effort for all PFTs

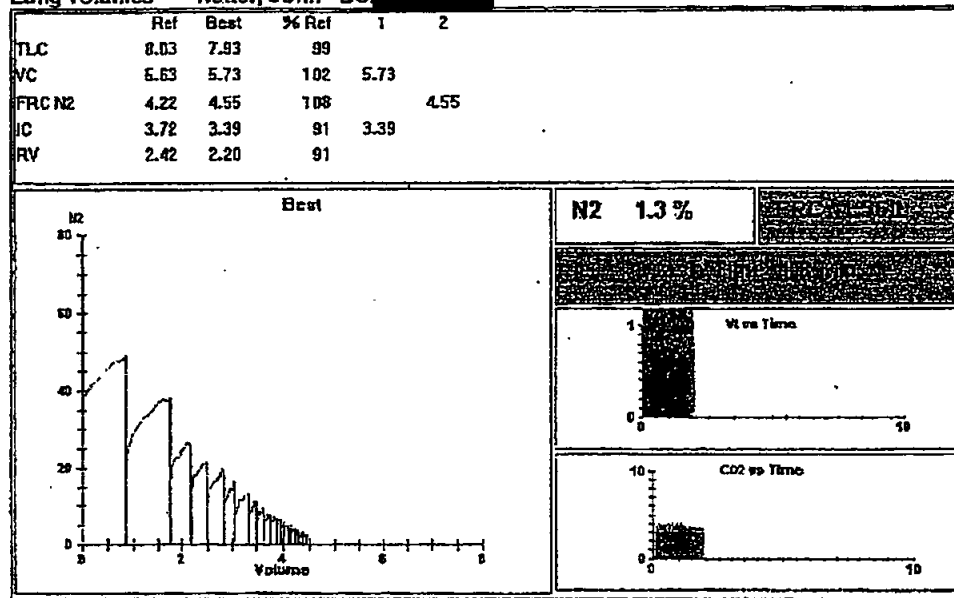
Any Info: Brent Coon
City: Jackson, MS

PF Reference: Crapo/Hsu

HOLLAND/BIEBER & ASSOCIATES, INC

Date: 05/12/05 Brent Coon Pre

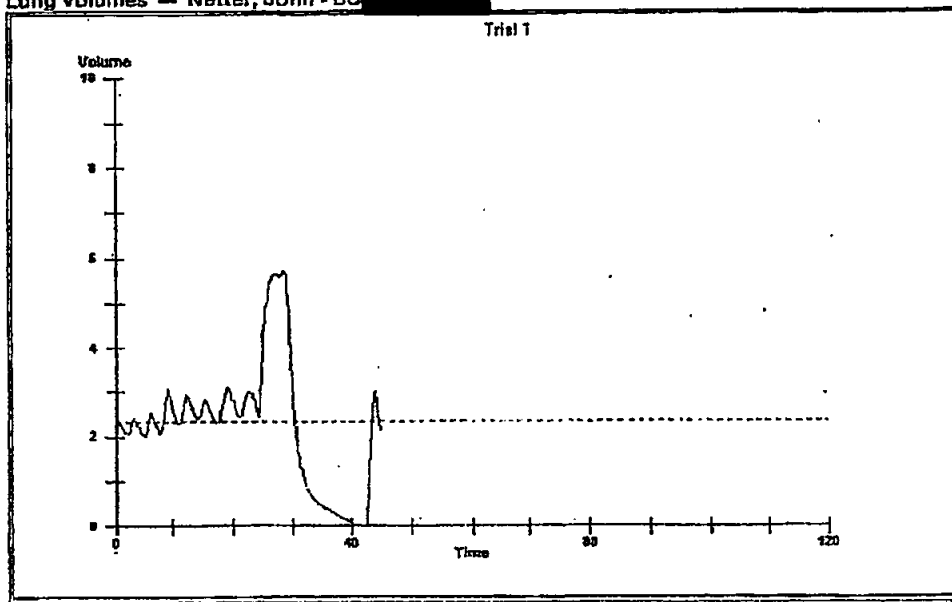
Lung Volumes -- Netter, John - BC



HOLLAND/BIEBER & ASSOCIATES, INC.

Date: 05/12/05 Brent Coon Pre

Lung Volumes — Netter, John - BC [REDACTED]

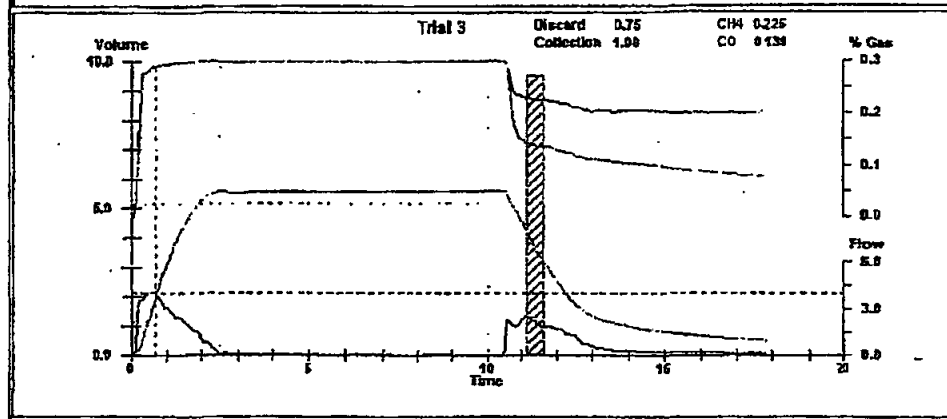


HOLLAND/BIEBER & ASSOCIATES, INC.

Date: 05/12/05 Brent Coon Pre

Single Breath DLCO — Netter, John - BC

	Ref	Best	% Ref	2	3
DLCO	41.1	22.6	55	22.9	23.3
DL Adj	41.1	22.6	55	22.9	23.2
IVC		5.64		5.63	5.65
VA		8.37		9.53	7.22
DL/VA Adj		2.70		2.31	3.22

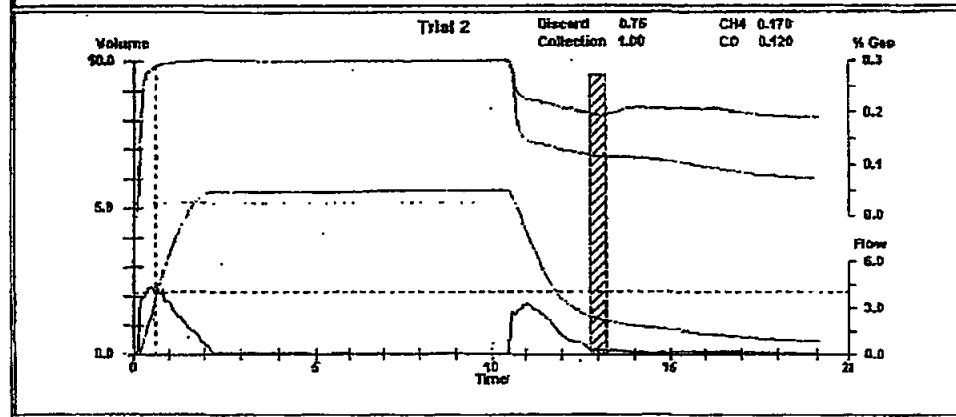


HOLLAND/BIEBER & ASSOCIATES, INC.

Date: 05/12/05 Brent Coon Pre

Single Breath DLCO --- Netter, John - BC

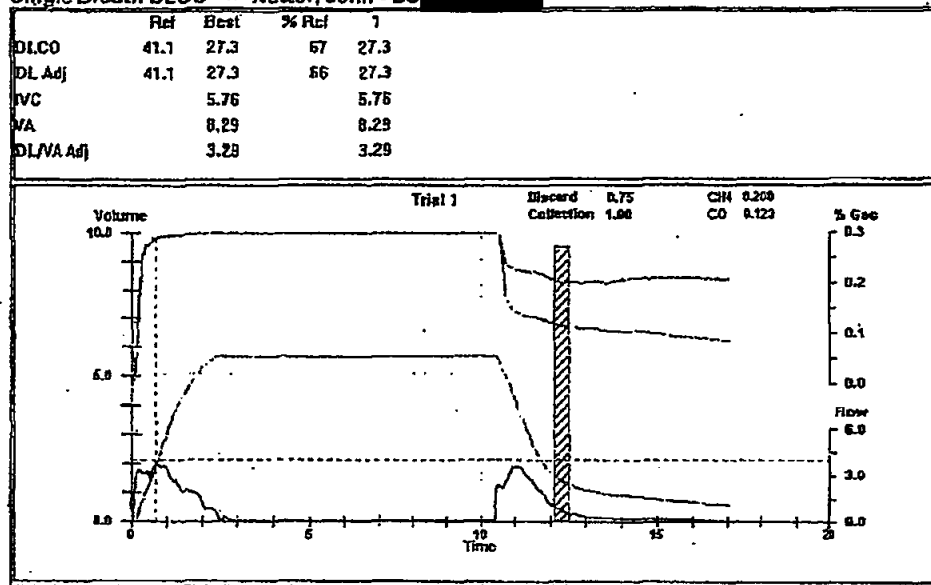
	Ref	Best	% Ref	1	2
DLCO	41.1	24.7	60	27.3	22.0
DL Adj	41.1	24.6	60	27.3	22.0
VC		5.69		5.75	5.63
VA		8.91		8.28	9.53
DL/VA Adj		2.76		3.29	2.31



HOLLAND/BIEBER & ASSOCIATES, INC.

Date: 05/12/05 Brent Coon Pre

Single Breath DLCO — Netter, John - BC



HOLLAND/BIEBER & ASSOCIATES, INC.

Date: 05/12/05 Brent Coon Pre

Flow Volume Loop — Netter, John - BC

